Notice of Price Agreement Award

Award Number

68M00291815

MARCIA WETHERELL

REHOBOTH MA 02769

160 MOULTON ST

Ε

Ν

D 0

R

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS **CAPITOL HILL PROVIDENCE RI 02908**

Page 1 of 1

INTERPRETER - SIGN LANGUAGE

Effective Period:

9/1/03 - 6/30/04

STATE PURCHASING AGENT/DESIGNEE

Printed: 12/5/2003

ADMINISTRATION MASTER PRICE AGREEMENT RELEASE AGAINST RI MPA		Buyor: HEI EN CHRISTY		DMINISTRATION ASTER PRICE AGREEMENT ELEASE AGAINST RI MPA	
	Department			Bid Number	Requisition Number
	ADMINISTRATION MPA-901				
Item				Unit	Unit Price
1.0	P/1/03 - 6/30/04 TELEPHONE #: 508-252-3578 Sign language interpreter services are governed by policies established by the Rhode Island Commission on the Deaf and Hard of Hearing, copies which may be obtained by contacting the Commission at cdhh@cdhh.ri.gov or by faxing requests to (401)222-5736. Reservations for interpreters must be cancelled at least two business days in advance or interpreter is entitled to bill customer for the number of hours reserved. Reservations for post secondary classes must be cancelled two weeks prior to the reservation period or the interpreter is entitled to two-weeks' compensation for the reserved period. Extenuating circumstances. When an engagement exceeds two hours a relief interpreter is required and, if less than two hours, if there are extenuating circumstances per the attached Commission policies. Rates are based on certification level and are related to skill level. Interpreter may charge no more than the hourly rate set forth herein but may offer discounted rates. Discounted rates shall be at the discretion of the interpreter. Discounts shall be determined prior to the engagement and shall be reflected in the customer's PO Release. SIGN LANGUAGE INTERPRETER SERVICES (MINIMUM TWO HOURS)			HR	30.00

This Notice of Award/Purchase Order is issued in accordance with the specific requirements described herein and the State's Purchasing Regulations and General Conditions of Purchase, copies of which are available at www.purchasing.state.ri.us. Delivery of goods or services as

described herein shall be deemed acceptance of these requirements.

STATE OF RHODE ISLAND INVOICE

Page 1 of 1 Printed: 12/5/2003

Invoice Number:		Invoice Date:	
PO Number/Release:	68M00291815	PO Date:	12/05/2003
Department:		ORS Auth #:	
Location:			
		ORS Client Name:	
Vendor:	MARCIA WETHERELL 160 MOULTON ST REHOBOTH MA 02769		

Item	Description	QTY	Rate/HR	Discount	Total
1.0	SIGN LANGUAGE INTERPRETER SERVICES (MINIMUM TWO HOURS)		\$30.00		

Minimum two hour charge.		Total Billed:			
ASSIGNMENT INFORMATION					
Date:	-				
Time: Begin End					
Address:	-				
	_				
		Ve	endor Signature		